Name in Full — Certificate of Death

Asthoud Barrett.

Died at Ellicott City (Town) Howard (County) MARYLAND

Date 1904 Month Mar Day 17th | Age Y. 79 M. D. | Native of Ireland | Occupation Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ Widower | Divorced | Number of children living 1

Husband of Wife ~~Not Known~~ Ellen Barrett

Father's Name Not known | Mother's Maiden Name Not known

Cause of Death — Primary: Asthma Chronic Bronchitis. | How long sick 4 years

Immediate | Accident, Suicide, Homicide

Reported by Joseph Gibson

Address Dr. W. F. Wheeler Oakland Mills Howard Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Almond Biddinger

Town — County

Died at Rover — Howard — MARYLAND

Date 19 04 — Month Day: March 6 — Age Y. M. D.: 54 — Native of: Maryland — Occupation: Farmer

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / Widower — Divorced — Number of children living: 5

Husband of / Wife: Catherine Hobbs

Father's Name: Wm H. Biddinger — Mother's Maiden Name: Mary A. Hobbs

Cause of Death — Primary: Rheumatism — How long sick: 8 mos.

Immediate: Cardiac Neuralgia — Accident, Suicide, ~~Homicide~~

Reported by: Dr. W. H. Smith & Son

Address: West Friendship Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: Boone

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Ellicott city — County: Howard Co

Date of death 1904 — Month: March — Day: 29

Age — Years: — Months: — Days: One Day

Sex: Male — Color or Race: White — Birthplace: Howard Co

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Chas. F. Boone Sr — Father's Birthplace: Howard Co

Mother's Maiden Name: Mary M. Simonsky — Mother's Birthplace: Baltimore Co

Name of person giving In formation: Chas. F. Boone — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Deficient heart — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno M Rogers MD

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Ignatius Edward Burriss

Certificate of Death

Died at Town: Highland County: Howard MARYLAND

Date 1894 Month: Mch. Day: 25 | Age Y. 20 M. D. | Native of: Ashton | Occupation: Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

~~Husband~~ ~~Wife~~ of

Father's Name: Ignatius Burriss | Mother's Name: Hanna Belinda B

Cause of Death — Primary: Tuberculosis | How long sick: 8 months

Immediate: Influenza

Accident, Suicide, Homicide

Reported by: Mary Stabler, M.D.

Address: Brighton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full: Mary H. Davidson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Savage — County: Howard

Date of death 1904: Month: 3 — Day: 24 — Age: Years: 60 — Months: 10 — Days: 12

Sex: female — Color or Race: white — Birthplace: Md

Occupation: Housemaper — Where Residing if not at place of death: Savage

Married, Single or Widowed: widow — Name of Wife or Husband: John W. Davidson

Father's Name: Horace W. Ward — Father's Birthplace: Md

Mother's Maiden Name: Nancy Ray — Mother's Birthplace: Md

Name of person giving In formation: John W. Davidson — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long: 3 8 hrs

Immediate: Mechanism — How long: imm. diss

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address: W. H. Williams M.D. Savage

Accident or Suicide? Neither

LIBRARY BUREAU A68516

Name in Full

Certificate of Death

Died at Town: Elkridge County: Howard MARYLAND

Date 189 4 Month: Nov. Day: 29 Age Y. M. D. Native of Occupation

Male / ~~Female~~ ~~White~~ / Colored ~~Married~~ / Single ~~Widow~~ / ~~Widower~~ ~~Divorced~~ / Number of children living

Husband of Wife

Father's Name Chas. W. Donnell, Mother's Name Mary Maloney

Cause of Death: Primary Still-birth. 9.

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by T. Gorman, M.D.

Address Ellicott City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full: Asbury Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died ★ Town: near Lisbon County: Howard

Date of death 1904 Month: March Day: 18 Age: Years 1 Months 4 Days

Sex: Male Color or Race: Colored Birthplace: Howard

Occupation: Baby Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Harry Dorsey Father's Birthplace: How Co

Mother's Maiden Name: Hattie Patterman Mother's Birthplace: How Co

Name of person giving Imformation: Harry Dorsey How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: I do not know the cause of death. How long:

Immediate: as the child was dead when I arrived How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. A. Dwarfield

Address: Lisbon —

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Christina Eckert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ellicott City — County: Howard

Date of death 190 4: Month: March — Day: 2 yd — Age: Years: 51 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Married — Occupation: House Wife

Name of Wife or Husband: H. Christian Eckert

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 days

Immediate: Heart Failure - Emphysema — How long: last autopsy

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. L. Mitchell

Address: 6 N. Broadway. Balto

Accident or Suicide?

LIBRARY BUREAU A9618

Name in Full: Elizabeth Fisher

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lisbon — County: Howard

Date of death: Month: Mar. Day: 12 1904

Age: Years: 70 Months: 6 Days:

Sex: Female

Color or Race: White

Birthplace: Maryland.

Occupation: Housekeeper

Where Residing if not at place of death: —

Married, Single or Widowed: Widow

Name of Wife or Husband: —

Father's Name: William W. Warfield

Father's Birthplace: Maryland.

Mother's Maiden Name: Mary E. Beckley

Mother's Birthplace: Maryland.

Name of person giving Information: George Fisher

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Nephritis (Chronic

How long: Several years

Immediate: Uremia

How long: Two weeks

120

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. E. Long

Address: Lisbon Howard Co. Md.

Accident or Suicide? No

LIBRARY BUREAU A0G316

Name in Full: George Francis Fuller

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Laurel Bridge | County: Howard

Date of death: 1904 | Month: March | Day: 18 | Years: Age 64 | Months: 2 | Days: 11

Sex: male | Color or Race: white | Birthplace: Baltimore City

Occupation: Paper Hanger | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: Mary A. Fuller

Father's Name: Thomas Nelson Fuller | Father's Birthplace: Balto. Co

Mother's Maiden Name: Mary Ann Maslin | Mother's Birthplace: Balto Co

Name of person giving Information: Percy R. Fuller | How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis 27 | How long: 3 yrs

Immediate: | How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. H. Byers

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Lena L. Gray.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Columbia — County: Howard

Date of death 1904 — Month: March — Day: 7th 18

Age — Years: 3 — Months: 6 — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: — — —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward Gray — Father's Birthplace: Germany

Mother's Maiden Name: Emily Gray. — Mother's Birthplace: " "

Name of person giving Information: — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Meningitis. — How long: 7 days.

Immediate: Convulsions. — How long: 1 day.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: L. G. Downing, M.D.

Address: Ellicott City, Maryland.

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Harriet Green

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Elliott City. County: Howard.

Date of death: 1904 Month: March Day: 11th Age: Years: 16 yrs. Months: 0 Days: 0

Sex: Female Color or Race: Colored Birthplace: Md.

Occupation: Servant. Where Residing if not at place of death: Place of death.

Married, Single or Widowed: Single Name or Wife or Husband: —

Father's Name: Not known (4) Father's Birthplace: —

Mother's Maiden Name: Clara Green Mother's Birthplace: Md.

Name of person giving Information: Agnes Green How related to deceased: Aunt.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemiplegia How long: Four days.

Immediate: Asthenia How long: One day.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: F. H. Dennis M.D.

Address: Elliott City, Maryland.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Annie Eliza Grimes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Warwick Farm — County: Howard

Date of death 1904: Month: March — Day: 26th

Age: Years: — Months: 1 — Days: 1

Sex: Female — Color or Race: White — Birthplace: Howard Co Md

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: John Grimes — Father's Birthplace: Md

Mother's Maiden Name: Katie A Bigley — Mother's Birthplace: Md

Name of person giving information: " " " — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough — How long: about 2 weeks

Immediate: Bronchitis — How long: " " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: William E. Hodges

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU 488518

Name in Full: Sadie Handy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Simpsonville; County: Howard

Date of death 1904: Month: 8; Day: 27

Age: Years: —; Months: 8; Days:

Sex: Female. Color or Race: Colored. Birthplace: Md.

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: Mary Handy

Father's Name: George Handy — Father's Birthplace: Md.

Mother's Maiden Name: Mary Kelly — Mother's Birthplace: Md.

Name of person giving In formation: George Handy — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 weeks

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. R. Wilson M.D.

Address: Simpsonville Md.

Accident or Suicide?

LIBRARY BUREAU A36618

Name in Full: William Thomas Horsey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Elk Ridge — County: Howard

Date of death 1904 — Month: March — Day: 12

Age — Years: 67 — Months: 6 — Days:

Sex: Male

Color or Race: White

Birthplace: Maryland

Married, Single or Widowed: Married

Occupation: Lobster

Name of Wife or Husband: Harriett Horsey

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Harriett Horsey 79

How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease — How long: 3 year

Immediate: same — How long:

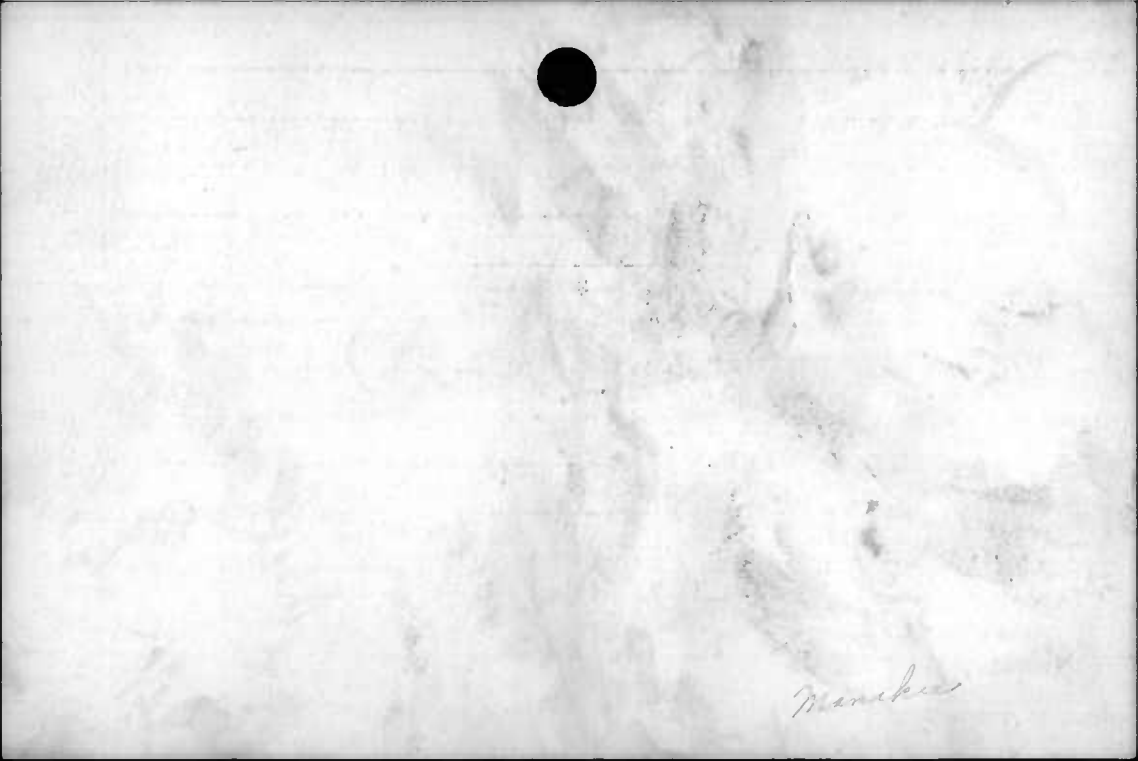
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Arthur Williams

Address: Elk Ridge Howard Co Maryland

Accident or Suicide? No

LIBRARY BUREAU A88516



Name in Full

Certificate of Death

Ellen Cyrenia Jones

Town: Elkridge | County: Howard | MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
March	12	77	6	19	England	Farmer

Date 19 04 | Age

- [x] Male
- [ ] Female
- [x] White
- [ ] Colored
- [x] Married
- [ ] Single
- [ ] Widow
- [x] Widower
- [ ] Divorced

Number of children living 3

Husband of Wife: Rachel L. Jones

Father's Name: John Jones

Mother's Maiden Name: Ellen Waters

Cause of Death

		How long sick
Primary	Grip & Pneumonia	
Immediate	Heart failure	Accident, Suicide, Homicide

Reported by: Dr W W Warfield

Address: Elkridge Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full: Mary A Krahm

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elkton — County: Howard

Date of death 1904: Month: March — Day: 7 — Age: Years: 57 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single, Widowed — Occupation: House wife

Name of Wife or Husband: Henry Krahm

Father's Name: Martin Ayers — Father's Birthplace: Germany

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: Ed Krahm — How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Meningitis — How long: 10 days

Immediate: Apnoea — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. R. Batson

Address: Elkton Md

Accident or Suicide?

LIBRARY BUREAU A33516

Name in Full: Hannah Manuke

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clarksville; County: Howard

Date of death 1904: Month: Mar; Day: 8

Age: Years: 43; Months; Days

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: Housewife

Married, Single or Widowed: Married

Name of Wife or Husband: John Manuke

Father's Name: Adam Dennud

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information: S A Nichols

How related to deceased: Physician

TO BE ANSWERED BY NEAREST FRIEND

64

CAUSES OF DEATH

Primary: Apoplexy

How long: 3 hours

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S A Nichols

Address: Dayton Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Rachel A Mariskey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North Laurel; County: Howard

Date of death: 1904; Month: March; Day: 15; Age: Years: 63; Months: ; Days: —

Sex: Female; Color or Race: Colored; Birthplace: Ga Co

Occupation: House Keeper; Where Residing if not at place of death: North Laurel

Married, Single or Widowed: Married; Name of Wife or Husband: Henry Mariskey

Father's Name: Robert Williams; Father's Birthplace: —

Mother's Maiden Name: Nancy Brooks; Mother's Birthplace: Ga Co

Name of person giving information: Henry Mariskey; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

129

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Adhesion Intus; How long: 3 yrs

Immediate: Exhaustion; How long: 6 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. T. Taylor

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Rosa Quill

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Guilford — County: Howard

Date of death: Month: 3 — Day: 24 — Years: 9 — Months: — Days: 1

Sex: female — Color or Race: white — Birthplace: Md

Occupation: School girl — Where Residing if not at place of death: her home

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Thomas Quill — Father's Birthplace: Md

Mother's Maiden Name: Annie Cooney — Mother's Birthplace: Md

Name of person giving information: Thomas Quill — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Heart Disease — How long: 2½ yrs

Immediate: Exhaustion — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Smithson M.D

Address: Savage Md

Accident or Suicide? no

LIBRARY BUREAU A68516

Name in Full: Mary Price

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Guilford — County: Howard

Date of death 1904 — Month: 3 — Day: 27

Age — Years: 47 — Months: — Days:

Sex: Female

Color or Race: Black

Birthplace: Md.

Occupation: Housewife

Where Residing if not at place of death: Guilford

Married, Single or Widowed: married

Name of Wife or Husband: Wm. Price

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wesley Watkins

Father's Birthplace: Md.

Mother's Maiden Name: Sarah Watkins

Mother's Birthplace: Md.

Name of person giving Information: Tony Harden

How related to deceased: friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hem 94

How long: one mth

Immediate: Exhaustion

How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Linthicum M.D.

Address: Savage Md.

Accident or Suicide? Neither

LIBRARY BUREAU

Name in Full: Henry E. H. Reese

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clarkson — County: Howard

Date of death: Month: 1904 3 — Day: 19 — Age: Years: 84 — Months: 5 — Days: 16

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Widowed — Name of Wife or Husband: Mary F Billingsley

Father's Name: John. Reese — Father's Birthplace: Md

Mother's Maiden Name: Sarah Timmins — Mother's Birthplace: Md

Name of person giving Information: Annie Wilcox — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: 7 days

Immediate: Acute Pleuritis — How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. Frank Lucas MD

Address: Dykesville, Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A88616

Name in Full: Mary Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died — Town: Marbersville — County: Howard

Date of death 1904 — Month: March — Day: 31 — Years: Age 12 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Howard Co. Md

Occupation: Child — Where Residing If not at place of death: at Mr Bris Farm

Married, Single or Widowed: — Name of Wife or Husband: — — —

Father's Name: George W. Smith — Father's Birthplace: Howard Co.

Mother's Maiden Name: Elizabeth E. Smith — Mother's Birthplace: " "

Name of person giving Imformation: John Holland — How related to deceased: No Relation

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Progressive Anemia 57 — How long

Immediate: " — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. O. Warfield

Address: Lisbon, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full — Certificate of Death

not named Thornton

Died at — Town: near Glenwood — County: Howard — MARYLAND

Date 19 04 — Month: Mar — Day: 20 — Age: Y. 2 M. D. — Native of — Occupation: In Infant

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living 2

Husband of Wife: Penny Thornton

Father's Name — Mother's Maiden Name: Penny Powell

Cause of Death — Primary — How long sick: 2 days

Immediate: Hemorrhage 85

Accident, Suicide, Homicide

Reported by: Penny Thornton

Address: Glenwood

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: William B. Trout.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Florence — County: Howard

Date of death 1904 — Month: Mar. — Day: 25. — Age — Years: 88 — Months: 1 — Days:

Sex: Male. — Color or Race: White. — Birthplace: Kentucky. U.S.A.

Occupation: Cooper and farmer. — Where Residing if not at place of death:

Married, Single or Widowed: Married. — Name of Wife or Husband:

Father's Name: Dont know. — Father's Birthplace: Dont know

Mother's Maiden Name: Dont Know. — Mother's Birthplace: Dont know.

Name of person giving Imformation: Mrs Eugene Junter — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease and bronchitis — How long: Several years.

Immediate: Heart failure — How long: Three weeks.

Are the name, age, sex, color. date and place correctly given above? Yes.

Signature of Physician: J W Lacy.

Address: Lisbon. Md.

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: George Zeigler

CERTIFICATE OF DEATH

MARYLAND

Died at: Heyland County: Howard

Date of death 1904: Month: Mar Day: 27 Years: Age 73 Months: 3 Days:

Sex: Male Color or Race: White Occupation: Carpenter Birthplace: Md

Married, Single or Widowed: Married

Name of Wife or Husband: Mary Zeigler

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: L A Nicholas How related to deceased: Physician

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage How long: 5 Days

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. A. Nicholas

Address: Dayton Md

Accident or Suicide:

LIBRARY BUREAU A88518